Access to Obstetrical Care Workgroup: Meeting One

Mona K. Gahunia, DO
DHMH Chief Medical Officer

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Meeting Overview

- Introductions
- Review Workgroup Mission and Work Plan
- Review Data on Access to Obstetrical Care in Maryland
- Facilitated Discussion



Workgroup Mission

- Evaluate the factors contributing to access to obstetrical care in both urban and rural areas of the State;
- Evaluate if this issue exists in other states, and any policies that those states engage in to reduce barriers to obstetrical care in urban and/or rural areas;
- Review recent proposals intended to ensure access to obstetrical care in urban and rural areas including through the creation of a birth injury fund and analyze the costs and benefits of these proposals; and
- Make recommendations on ways to address any identified barriers to obstetrical care.

Work Plan

Date	Activity		
July 22, 2014	 Review data on access to obstetrical care Provide anecdotal information Facilitated conversation: potential policy solutions 		
August 12, 2014	 Present on policies in other states Facilitated conversation: would these policies work in Maryland? Why or why not? 		
August 26, 2014	 Review policies discussed Analyze cost/benefit of proposals Develop list of potential recommendations 		
September 10, 2014	Achieve consensus on recommendations		
September 23, 2014	Finalize consensus and report outline		
November 1, 2014	Submit recommendations to General Assembly		



Definitions: Barriers to Care

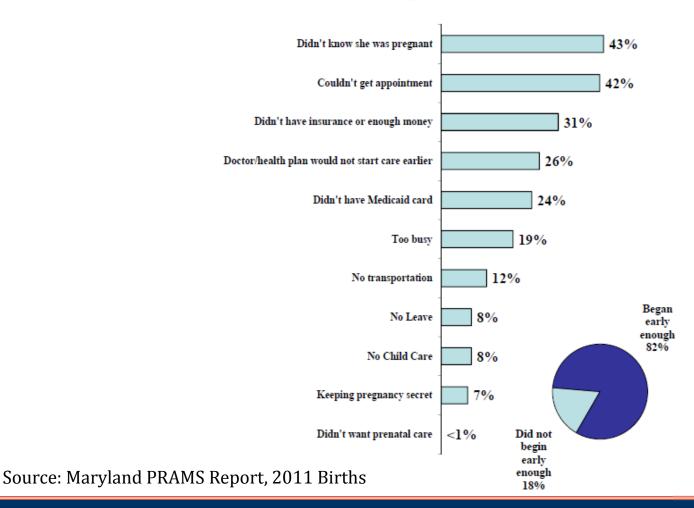
- OB care consists of: preconception care, prenatal care, intrapartum care, and post-partum care.
- Patient-related barriers to care:
 - Access to providers limited by geography, finances (transportation)
 - Maternal substance use
 - Maternal age/teen pregnancy
 - Ambiguity about pregnancy/unplanned
 - Perception of the healthcare system/importance of medical care

- Provider-related barriers to care:
 - Not enough providers in certain areas (e.g. can't take new patients, long waits for appts)
 - Not all providers accept
 Medicaid
 - Providers/hospitals limiting scope of OB practice



Barriers to Care

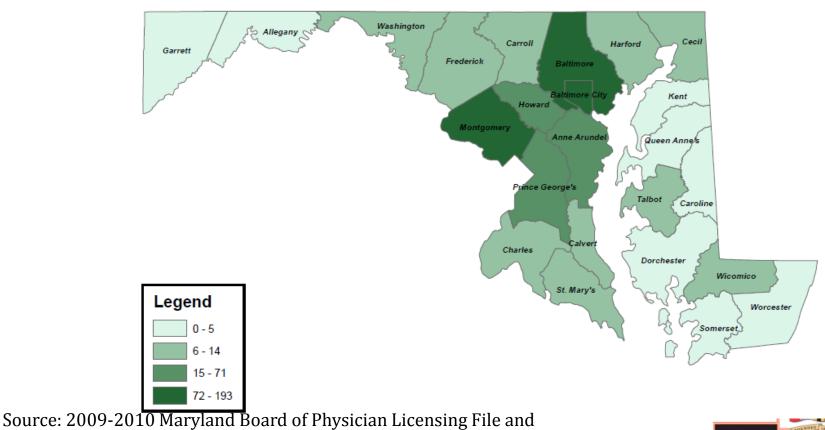
Reasons Given for Not Beginning Prenatal Care As Early in Pregnancy As Desired





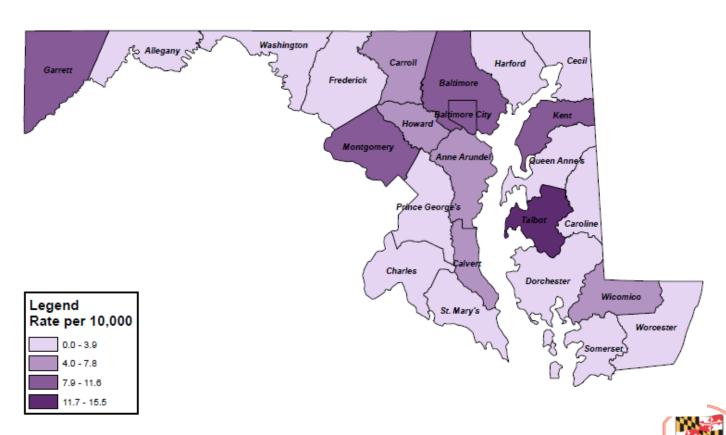
- 747 OB-GYNs serving 2.98 million women in Maryland:
 - 2.51 OB-GYNs per 10,000 women in Maryland vs. 2.65 nationally
 - 6.26 OB-GYNs per 10,000 women ages 15-44 in Maryland vs. 5.42 nationally
- Three counties with no OB-GYNs (Caroline, Queen Anne's, and Somerset).
- 240 CNMs licensed to practice in Maryland (as of June 30, 2014).

Number of OB and OB-GYN Physicians by County, 2009-2010



2010 U.S. Census Summary File 1

Rate of OB and OB-GYN Physicians per Women (15-44 yrs old) by County, 2009-2010

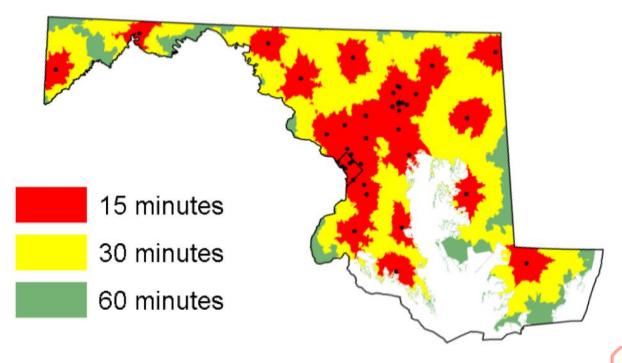


Source: 2009-2010 Maryland Board of Physician Licensing File and

2010 U.S. Census Summary File 1



Drive Times to Hospitals with Maternity Centers



Source: ACOG (2013) The Ob-Gyn Distribution Atlas

Access to Obstetrical Care: Beds

• Thirty-two of the 46 acute care hospitals in Maryland provide obstetric and perinatal services.

Region	Beds Cesarean ORs	
Western Maryland	97	6
Montgomery County	247	11
Southern Maryland	160	8
Central Maryland	577	34
Eastern Shore	67	4
TOTAL	1,148	63

Source: Health Care Commission, Annual Report on Selected Maryland Acute Care Hospital Services, Fiscal Year 2014



Access to Obstetrical Care: Beds

 Newborn Nursery Bassinets in the 32 hospitals offering perinatal services.

Region	Newborn Nursery	Premature Nursery	NICU	TOTAL
Western Maryland	104	0	23	127
Montgomery County	215	0	77	292
Southern Maryland	108	8	20	136
Central Maryland	459	0	307	768
Eastern Shore	48	0	10	58
TOTAL	934	8	437	1,381

Source: Health Care Commission, Annual Report on Selected Maryland Acute Care Hospital Services, Fiscal Year 2014



Access to Obstetrical Care: Insurance

- Maryland Medicaid covers women up to 264% of the FPL.
- In FY 2012 Medicaid financed 43.5% of births in MD.
 - 18% of Medicaid births are financed through FFS
 - 82% of Medicaid births are financed through MCO
- MCOs are required to have an OB provider in their network within a 30 mile radius of each insured patient (by zip code).

Access to Obstetrical Care: Factors Affecting Access

- Aging workforce:
 - According to ACOG, nationwide the number of OB-GYNs retiring will soon equal the number of resident graduates.
 - According to ACOG, in Maryland there are five OB-GYN residency programs graduating 23 new physicians per year.
- Average number of work hours for OB-GYNs is declining.
- High workload in rural areas.
- High medical liability insurance premiums (physicians and hospitals).



Access to Obstetrical Care: Liability

- Increasing premiums and litigation have prompted physician retirement, relocation, or change in practice activities.
- A 2012 ACOG survey on Professional Liability found that 58% of OB-GYNs made one or more changes to their practices between 2009-2011 as a direct result of the risk or fear of professional liability claims or litigation:
 - 24% increased the number of cesarean deliveries performed,
 - 27% decreased the number of high risk patients accepted,
 - 12% decreased the total number of obstetric patients in their practices, and
 - 6% stopped practicing obstetrics altogether.



Access to Obstetrical Care: Liability

- Results from 2013 MHA Survey on Medical Liability, specifically on birth injury:
 - 108% increase in total settlement costs for birth injury claims between 2009 and 2013.
 - 25% of respondents indicate that their hospital/system has implemented or considered a reduction in obstetric-related services as a result of the current environment.



Access to Obstetrical Care: Liability

- In June 2012, a Maryland jury awarded a **\$55 million** judgment in a birth injury case against The Johns Hopkins Hospital, among the largest in Maryland history.
- In June 2012, a Maryland jury awarded **\$20.9 million** in a birth injury case related to a physician delivering at Washington Adventist.
- In July 2012, a Maryland jury awarded **\$21 million** to a Glen Burnie couple whose son was born prematurely at Harbor Hospital.
- In May 2013, a Maryland jury awarded **\$16 million** in a birth injury case against Prince George's Hospital Center.
- In July 2013, a 100-year-old Baltimore City obstetrics program recently shut down as a result of financial pressures

Next Steps

- Facilitated Conversation
 - Brainstorm how we can solve the problem

- Next Meeting:
 - Examine policy solutions to this problem as it exists in other states

